

VOLUNTEERS IN THE INDONESIAN FAMILY PLANNING PROGRAM

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**NATIONAL FAMILY PLANNING COORDINATING BOARD (BKKBN)
JAKARTA, INDONESIA
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VOLUNTEERS IN THE DOMESTIC VIOLENCE
PROGRAM

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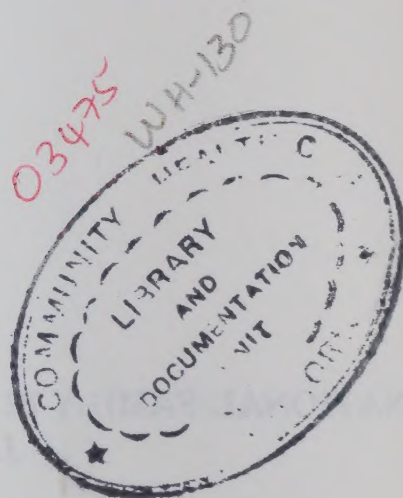


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Glossary

BKKBN	-	Badan Koordinasi Keluarga Berencana Nasional, or National Family Planning Coordinating Board (NFPCB), a non-ministerial institution reporting directly to the President, in charge of the coordination and management of the family planning program
Bupati	-	Head of a Kabupaten
Camat	-	Head of a Kecamatan
DPR	-	House of the Representatives
Elco	-	Eligible couple. A married couple, with the wife aged 15-49 who are, therefore, 'eligible' for contraceptive use
FP	-	Family Planning
Gotong Royong	-	Spirit of communal collaboration
Kabupaten	-	Government administrative unit with an average population of about 600,000 people. Indonesia consists of slightly over 300 kecamatans.
Kader	-	Village-level organized volunteer for community development. The kaders live in the area where they are serving. They are selected on the basis of their leadership skills or potential. They exist for several sectors, including family planning. (Variations: cader, cadre)

- KB Mandiri - Self-sufficient family planning (or self-sustained family planning)
- KB Lestari - Long-term family planning acceptor
- Kecamatan - Government administrative unit with an average population of about 50,000 people. Indonesia consists of over 4,000 kecamatans.
- MPR - People's Consultative Assembly, the highest policy and law-making body of the nation, entitled to elect the President and Vice President, and to decide on National Policy Guidelines every five years.
- PKK - Women's Family Welfare Movement. A national organization, with branches down to the village level, to promote the role of women in family and community development. PKK plays a major role in the family planning activities, especially at village and sub-village levels.
- PPKBD - Village Family Planning Management Assistant. The chief family planning kader of a village, in charge of managing other kaders. Formerly this was translated as Village Contraceptive Distribution Center, but the contraceptive distribution responsibility has now been considerably broadened.
- PLKB - Family Planning Field Worker. The lowest-level employee of BKKBN. There are approximately 25,000 PLKBs in Indonesia.

- Posyandu - Post for Integrated Services (the services being baby weighing, immunization, family planning, nutrition improvement, and diarrhea control). A monthly community-run event in every sub-village.
- Puskesmas - Community Health Center, under the Department of Health, situated in every Kecamatan
- Rakor - Coordination Meeting. Meetings held monthly at the Village (Desa) and Kecamatan levels, quarterly at Kabupaten and Province, involving leaders in the government, community and family planning field workers to discuss the family planning program's activities. Each Rakor is chaired by the head of the Local Government, assisted by the BKKBN staff at that level.
- Sub-PPKBD - Sub-Village Family Planning Management Assistant. Same role as a PPKBD, but at sub-village level.

VOLUNTEERS IN THE INDONESIAN FAMILY PLANNING PROGRAM

A. An Overview of Volunteers in the Indonesian Family Planning Program

There are approximately 225,000 sub-villages in Indonesia, with an average population of about 800. In each sub-village, at least one out of every 80 villagers does some work each month - without receiving any payment - to promote family planning.

The work they do varies. Some motivate other villagers or provide advice or resupply contraceptives. Some attend various types of meetings - and there are lots of meetings. Some participate in the monthly 'integrated services post', or Posyandu. Some keep records and report information to others. Some participate in other types of activities. Some do several or all of these things.

From an outsider's perspective, the most visible forms of community participation are the numerous meetings and the Posyandu. Each of these occur monthly. Equally visible, but less frequent, is the annual registration of all eligible couples and the preparation of maps. Somewhat less visible, but more frequent, is the face-to-face motivation of eligible couples. Together, these are the events which occur everywhere, in every sub-village in Indonesia. In addition, there are activities which do not occur in every sub-village, but still exist on a fairly large scale.

All of these events are planned, conducted, and evaluated by village volunteers. They do receive some assistance from personnel of the family planning and health programs, but that assistance does not negate the fact that the activities 'belong' to the villagers. And the volunteers who are responsible for and implement these activities are truly volunteers: they receive no payment for their work.

* * *

This paper is the second of a three-part set on community participation in the Indonesian family planning program. The first paper (The Events in Which Community Members Participate in the Indonesian Family Planning Program) focused on the activities. The third is more analytical, addressing the question why? It is entitled Why Community Participation Succeeds in the Indonesian Family Planning Program.

This paper will first describe who the various volunteers are and what they do. Following this, the complex structure through which volunteers are managed will be outlined. And finally, we will address the question of the quantity of people who serve as volunteers in the Indonesian family planning program.

B. Who Are the Volunteers?

Volunteers in the family planning program fall into two general categories - kaders and others. The main distinction between the two concerns their organization: a 'kader' is part of a recognized, organized structure of volunteers; a non-kader may also volunteer, frequently for a formally-organized activity, but not as part of a formally-organized volunteer structure¹. Kaders in the family planning program are leaders (or, in some cases, would-be leaders) of their communities, who work voluntarily to manage and implement the program; others also work voluntarily, without payment, but in follower rather than leader roles.

Most family planning volunteers - including those at the top of the kader hierarchy - are female. Some men do play extremely important roles, but usually as non-kaders, often behind the scenes.

¹ The word 'kader' derives from 'cadre', but has this specialized meaning in Bahasa Indonesia. In Indonesian documents - whether in English or Bahasa Indonesia - there is no agreement on its spelling; both 'cadre' and 'cader', as well as 'kader', are used interchangeably.

The kaders and other volunteers receive no payment. Many of them spend some of their own funds for the program.

All volunteers live in the communities they serve.

Most kaders were selected through an interaction between the PLKB (the government Family Planning Fieldworker) and the community leadership. The Village Head may make the formal decision, but usually after he has discussed the pros and cons of various candidates with the PLKB and, for lower positions, with the top-level management volunteers, the PPKBD and Sub-PPKBD. It would be normal for them to attempt to achieve a consensus on this selection, rather than fighting over preferred candidates.

The top kaders in the hierarchy - the members of the PPKBD and Sub-PPKBD - are nearly always the wives of government officials. Other kaders may be from any social strata, although there is a tendency for them to be better educated and wealthier than the village average².

² In one study of different types of kaders in five villages of West Java (M. Judd, "Village Kader Study", USAID/Indonesia, Jan 1987), 57% of the female kaders were wives of village leaders and government employees. The study emphasized the cultural context within which this occurs:

"Being associated with the government through their jobs they [the husbands] feel obliged to be kaders when invited to participate in a government program and if they do not fulfill their obligation they would feel malu [shamed] even if their jobs were secure.

The wives of village leaders and government employees feel a similar sense of obligation and malu-ness if they do not participate as kaders."

The reality is more complex than this: Social pressure - real and imagined - produces everything from a bandwagon effect to a sense of moral responsibility. But the result, in Indonesia, is an acceptance that it is more dignified, more reasonable for wives of leaders to perform voluntary work than to oppose doing so.

In every village, there is one kader who manages the village's family planning program and its system of volunteers; directly under her are managers of each sub-village's program. Within each sub-village, there are at least four kaders who implement the major monthly activity, the Posyandu. Within some sub-villages, there is a kader for the Program for Development of Families with Children Under Five (BKB). And within some, there is a kader for an income-generating project (UPPKA).

The family planning program began to create kaders in the late '70s. The first of these - now called Village Family Planning Management Assistants, or PPKBDs³ - were initially recruited from relatively poorer villagers. But within the first year or so, it was recognized that these people did not have the influence or the ability to lead a successful effort. Policy then shifted to recruit teachers, wives of government officials, and others who were better recognized in their community and could financially afford to spend time doing volunteer work. At first, these positions were not very popular; but teachers and wives of government officials were not in a position to refuse to 'volunteer'. Pressure was applied - often by their own husbands - to ensure that each village selected a capable volunteer.

Initially, the PPKBDs served primarily as passive distributors of contraceptives. Over time, however, their responsibilities increased, as they took on a more active role in promoting the fp program. As their

³ For years, 'PPKBD' has been translated in most documents as 'Village Contraceptive Distribution Center'. Initially, that was an accurate description of their function. But the translation we use a) is a more correct, word-by-word translation of the Indonesian term and b) is a more accurate description of their current function (which includes the contraceptive distribution function, but is also much broader, encompassing management/guidance of the entire village-level program).

The term 'PPKBD' is somewhat confusing, as it refers both to the team of kaders who assist the Village Head in running the village's family planning program and to the individual who heads this team. Both usages appear in this paper.

responsibilities increased, their reluctance decreased. PPKBDs are now at the pinnacle of a very large hierarchy of kaders and other volunteers.

In addition to kaders, and far less formally organized, are the many other volunteers in the family planning program. Every woman who is using some form of contraception can belong to an 'Acceptors Group.' And, because of their partly social nature, many non-acceptors belong to these groups. Among other tasks, these groups try to motivate their members to sustain family planning involvement and their neighbors to join the movement. Thus, their members serve as family planning volunteers.

In addition, every woman who has been using some form of contraception and, as a result, has not been pregnant for at least five years, qualifies for a 'KB Lestari' award. She receives a medal and a certificate recognizing this achievement, plus training from the fieldworker to enable her to motivate her neighbors - and to become, in effect, a family planning volunteer.

During a Posyandu, other women than the formal kaders - KB Lestari, Acceptor Group members, and others - may also assist in its implementation. Preparing and serving a supplementary snack to the children who attend the Posyandu is frequently done by non-kaders. Occasionally, men may also help in various ways, such as the policeman directing traffic.

Village and sub-village community leaders - especially men - are sometimes called upon to assist the kaders to motivate 'hard-core' non-acceptors. People such as the village head and religious leaders also play important roles in validating the program as a whole, providing it with formal community acceptance and commitment through monthly Rakors, or Coordination Meetings, and through village speeches and other, less formal actions.

The total quantity of these various types of family planning volunteers - both kaders and others - is unknown, but it surely is large (see Section

E below). The goal of the program, de facto, is for **every** Indonesian to think of himself or herself as a family planning volunteer - promoting it in some way with neighbors and friends, if not playing a more substantial role in the planning and implementation of program activities. This view of voluntarism affects the concept of 'drop-outs': the Indonesian family planning program has no such term, preferring to think of someone who ceases working for the program - usually only because of pregnancy, illness, or migration - as being 'on leave'; such a person is thanked for her past work, and encouraged to return later in life, presumably in some other capacity.

C. What Do Volunteers Do?

1. PPKBD Kaders

The most substantial kader role in the family planning program is that of the PPKBD, the Village Family Planning Management Assistant. The PPKBD truly **manages** the village's family planning program. The term refers simultaneously to the village-level family planning leadership team and to the individual who heads - and, thus, personifies - this institution.

The PPKBD conducts a monthly meeting with sub-village Sub-PPKBDs, consolidates eligible couple and acceptor data which the Sub-PPKBDs report to her, discusses and distributes targets, and distributes pill and condom resupplies. She attends two monthly meetings at the sub-district (Kecamatan) level - one at the health center (Puskesmas), the other at the Kecamatan office, in which she reports on her village's achievements, discusses any problems, agrees to proposed targets for the next month, and receives contraceptive resupplies for distribution to her kaders.

The head of the PPKBD is usually the wife of the Village Head or other leader of the community. She is both literate and able to organize and consolidate quantitative data. She is skilled at conducting a meeting and at broader management of the entire program.

The PPKBD has usually received only three days of formal training for this role. However, both the PLKB (the government Family Planning Fieldworker) and the Puskesmas Doctor and Midwife provide her with frequent additional training. Sometimes these training incidents are formalized; usually they are not.

Each PPKBD receives Rp2,000 (approximately US\$1) each month to help defray operational expenses. These expenses include transportation to attend the two Kecamatan meetings, supplies to maintain records, snacks for her meeting with Sub-PPKBDs, Posyandu costs, and frequently the transportation costs of family planning acceptors to receive services in the sub-district or elsewhere. The amount provided is far less than they usually spend. (Everyone knows that Rp2,000 is far from enough, and regards it as a token of the government's willingness to be a 'partner' in this process - but a junior partner).

2. Sub-PPKBD Kaders

Directly under the PPKBD are Sub-PPKBDs - one for each sub-village. On average, there are four sub-villages in a village, although this varies significantly from province to province and within provinces. A Sub-PPKBD's responsibilities, background, and training are parallel to those of the PPKBD.

They meet monthly with the Posyandu kaders, first to plan and later to evaluate the sub-village's Posyandu. The meetings involve the translation of target data into specific assignments for kaders, then assessment of achievements. (The Posyandu and these meetings are described below.)

Sub-PPKBDs receive no external financial assistance. Their program-related expenses are out of pocket.

3. Posyandu Kaders

The Posyandu. 'Posyandu' is an acronym for 'post for integrated services'. However, it is not a 'post' in the sense of a structure: a Posyandu is a collection of integrated and coordinated health, family planning, and other social services provided for the community, by the community itself. It is conducted once each month in each sub-village in Indonesia.

The Posyandu provides services in growth monitoring/nutrition, oral rehydration, immunization, family planning, and simple health treatment for children and pregnant women. Its activities are structured according to a 'five table' system (see Figure 1). Everywhere in Indonesia, the functions of the tables are the same:

Table 1 - registration

Table 2 - weighing of under-5 children

Table 3 - recording the weight on a standard growth chart

Table 4 - motivation

Table 5 - services.

At each Posyandu, there are at least four kaders, responsible for the first four tables (the fifth table is the responsibility of Puskesmas staff). In some villages, there are two kaders per table. The nature of the responsibilities at each table differs, providing opportunities for volunteers with different skills. For example, the first table, registration, is frequently run by youth; the only technical capabilities required in order to do this are reading, writing, and filing. Table 2 requires skills in handling children and reading a scale, so that the children are weighed peacefully and accurately. The volunteer at Table 3 needs to be able to correctly mark a graph (the weight chart). Finally, Table 4 requires the highest level of skill; the volunteer first needs to identify, in each instance, the type of motivation needed (for nutrition, immunization, oral rehydration, family planning or pre-natal care - or some combination of these); then needs to be able to provide this motivation effectively.

FIGURE ONE
The Five Tables of a Posyandu



The Posyandu kaders - especially the person or persons at Table 4 - have received brief training from the Puskesmas staff for these tasks. Sometimes, the Puskesmas Doctor or Midwife attends the Posyandu and supplements this training. Management training has usually been provided by the PLKB, who frequently attends the Posyandu.

Posyandus do not require a lot of money. The largest expenditure for the villagers is a supplementary feeding sometimes provided for the children. Occasionally there are other costs. If so, the money is provided by the community itself. The kaders have the responsibility to elicit community support: donations may come from village cooperatives, income generating groups, or individuals. But frequently, the individuals who volunteer their time to work for the Posyandu also provide most of the funds or commodities for its implementation.

Pre- and Post-Posyandu Meetings. The Posyandu is the monthly culmination of the kaders' efforts, but it is also preceded and followed by other tasks. Three days before a Posyandu is scheduled ('Posyandu Day minus 3'), the Posyandu kaders attend a meeting, led by their Sub-PPKBD, to plan the implementation of the event. The Posyandu's time, the location, and the quantitative targets are either standard or decided by others, but some important decisions are made by this meeting. These include:

- o the specific eligible couples to try to motivate that month; the children to focus on for immunization
- o which kaders will motivate which eligible couples/parents
- o which kaders will encourage which parents to bring their children to the Posyandu
- o which kaders will be responsible for each of the tables at the Posyandu
- o how the supplementary feeding will be paid for and organized

The following day ('Posyandu minus 2'), the Posyandu kaders go from house to house to motivate their clients, to encourage them to attend the

Posyandu. Pill and condom resupplies may be given during these visits or at the Posyandu itself.

The day before the Posyandu, final preparations for it are made by the kaders - site check, materials, baby weighing scale, food and cooking equipment, etc.

After the Posyandu is completed, the kaders attend another meeting to evaluate the Posyandu's achievements and prepare data to report to the PPKBD. Both the pre-Posyandu and the evaluation meetings are conducted by the kaders, led by their Sub-PPKBD. At some meetings, the PLKB (as well as health personnel) may attend in an advisory role.

Elco Registration and Mapping. In addition to planning, running, and evaluating the Posyandu, the Posyandu kaders also maintain records of the sub-village's family planning status. Once a year, during a specified 45-day period in May and June, a census is taken of all eligible couples, recording their contraceptive acceptance status. The data is recorded on a national form prepared for this purpose. The data is gathered primarily by the kaders. (When this census was first conducted, it was done by the PLKB alone. In subsequent years, she trained the local kaders; at first, they conducted the census together; now, in most instances, the PLKB serves as a coordinator/supervisor rather than the main collector of data.)

Immediately following the completion of the census, a map is prepared, based on the data collected. Each map usually covers the area of one Posyandu, a maximum of 150 eligible couples. The maps include boxes representing every Elco house, plus major geographic guides, such as railways, road, rivers, and mosques. Stickers are placed on the box for each Elco house on the map. The color/design of the sticker is coded, based on the contraceptive status. (For example, a red sticker is for a pill acceptor, a green sticker for a vaginal tablet acceptor, a white sticker for a non-acceptor, a white sticker with a red cross for a pregnant woman.) An example of an Elco map is enclosed (Figure 2).

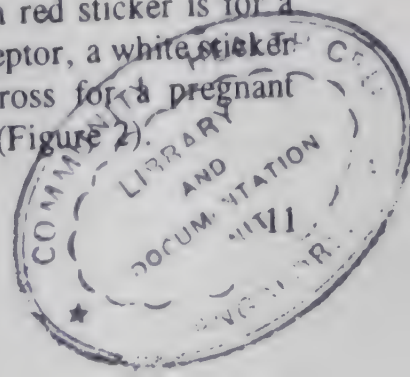
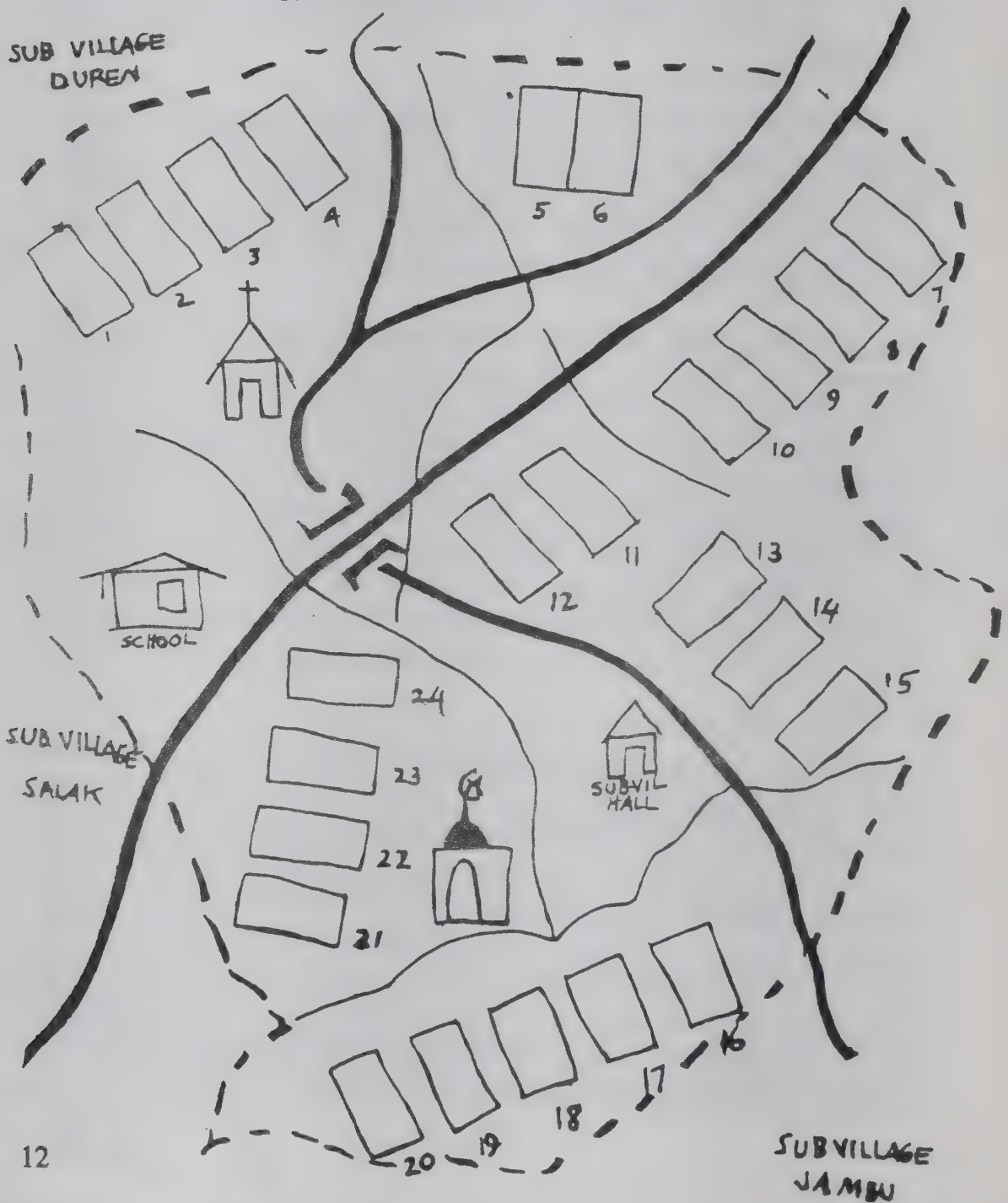


FIGURE TWO
An Elco Map

Sub-District
Village
Sub-Village

: ILIR TIMUR
: LUBUK SEPANG
: RAMBUTAN



The blank maps and stickers are provided by BKKBN. As with the registration of Elcos, these maps were originally prepared by the PLKB, but now are done mostly by the kaders.

The Elco map is used by each Posyandu kader as a guide for planning her work. For example, if she plans to visit a section of her sub-village, she might check the map first to determine the number of pill or condom resupplies she should bring, or whether this neighborhood contains a household for which she should bring a motivational aid to help encourage an existing acceptor to adopt a more effective method or an aid to help explain pre-natal care to a pregnant woman.

Often there may be a rough, 'working' map maintained by and for the kader, plus a larger, more public map placed in the sub-village hall, visible to all.

Each month, each kader re-checks the contraceptive and pregnancy status of all of her Elcos (there is another form for this purpose), and updates the register and the map.

Kaders' Knowledge of Data. The Posyandu kaders, as well as their volunteer leaders, the Sub-PPKBDs and PPKBD, have become very proficient at understanding and using the quantitative information with which they work. Most kaders not only know the number of eligible couples and acceptors in their coverage, but also can express this data as a rate, and can use these rates for comparisons with earlier periods, with targets, and with other locations. They also understand and use quantitative tools for other program objectives, such as the use of more effective contraceptive methods and the taking on of personal responsibility for family planning.

Motivation of Elcos. Understanding of quantitative information relates closely to their understanding and use of qualitative information. The direct motivation of eligible couples formerly was performed mostly by the PLKBs, but now that responsibility has also been transferred from the

PLKBs to the Posyandu and other kaders.

The content of their motivation for family planning focusses around a phrase which BKKBN promotes as the central objective of the fp program - a 'small, happy, and prosperous family'. The 'happy' and 'prosperous' elements of this norm - and, especially, the interaction between family size/spacing and family welfare - are considered as important as the more traditional promotion of a small family. The result is that the kaders' primary motivational responsibility is to promote improved family welfare, rather than to encourage use any specific contraceptive methods.

Although the kaders may not necessarily refer to their communities' contraceptive prevalence or other rates when attempting to motivate individuals or couples, their own knowledge of the quantitative implications of fertility and population growth make them more believable motivators. They have the expertise with which to frame the positions they present. (This would not be the case if their primary responsibility were to promote contraception. A few days' training - even with frequent additional assistance from Puskesmas staff - would not give kaders sufficient medical knowledge to sound authoritative on topics such as the contraindications or side effects of the various contraceptive methods⁴.)

The kaders have been given several visual aids to assist them in their motivation work. They have been trained to use these aids.

Assisting the PLKB. The Posyandu kaders' final responsibility is to serve as informants for the PLKB. When the PLKB makes monthly rounds, she usually visits their houses first. They help her to identify the problem households she should visit (usually a joint visit with the

⁴ As the program matures, even this basic aspect of its nature is changing. In communities where CPR is already high, kaders are now expected to motivate Elcos to shift towards 'selected effective' methods, ie, permanent and semi-permanent contraception. Long-term kaders will be given training to better understand contraceptive methods.

kader or with a community leader). They are her source of information about the fp status of their sub-village.

4. BKB Kader

In addition to the Posyandu kaders, there are two other types of recognized family planning program kaders. One is the 'BKB kader': the Program for Development of Families with Children Under Five (BKB) is an effort to improve the knowledge, attitudes, and skills of village mothers on how to raise their infants and children. It is intended for families with one or more children under 5 years old, who are family planning acceptors, live near the Posyandu, and regularly attend it.

To begin this activity, one kader for every 25 mothers undergoes training to observe how mothers communicate with their children and how to help them improve their child-rearing skills. These BKB kaders are provided with sets of educational toys, graded according to the age of the children; these toys help them to structure the interaction with children, and are the initial attraction to interest mothers.

The BKB kader first conducts a 16-session training for the mothers. After the training, the mothers are allowed to take the toys home with them, on a rotating basis. At subsequent Posyandus, mothers and children are brought together for refresher sessions. The BKB kader continues to serve as a guide, assisting mothers with the raising of their children.

5. UPPKA Kader

Beginning in 1979, an important incentive was added to make family planning Acceptor Groups more attractive and to contribute to the implementation of BKKBN's broader family welfare responsibility. This was the provision of funds, to be used for income generation purposes, which BKKBN made available to Acceptor Groups. The groups, in turn, establish rules of eligibility, interest rates, and purposes for which capital

may be advanced to individual members. Many groups require a specific period of successful family planning usage before a member becomes eligible for these loans.

Much of this money is used for group income-generating activities, in which the entire Acceptor Group learns a skill, then produces and sells a product. Kaders for this program (UPPKA), usually selected from the PKK (see following sub-section) may or may not be members of the Acceptor Group. The kader first undergoes training by the Department of Industry or whatever organization is providing the technical expertise for the income-generating activity. The kader then trains the Acceptor Group members and oversees the further implementation of the project.

Kaders play a number of major roles in this project - managing all elements of the project, from initial assessment to motivation of the other Acceptor Group members, training, arranging the implementation of the activity, marketing the product, maintenance - and even auditing - of financial and other records.

6. PKK Kaders

The Family Welfare Movement (PKK) is a nationwide hierarchical organization, originally established to expand the role of women beyond the traditional household and child-bearing role. It is an 'open' organization, with members from all walks of life and from other organizations. Initially emphasizing household skill improvement, then income generation, it was later expanded to raise the awareness of women more broadly in educational, economic, social, political, and cultural matters.

The PKK at all levels formulates its activities based on its '10 main programs', namely: (1) the national ideology, Pancasila; (2) developing the spirit of Gotong Royong (mutual self-help); (3) food; (4) clothing; (5) housing and household management; (6) education and vocational skills; (7) health; (8) cooperatives; (9) environment; and (10) planning (including family planning).

The PKK movement is based on voluntary membership. However, leaders of the movement at each level are mostly the wives of government officials. For example, the wife of the Governor heads the unit at the provincial level, and the wife of the Village Head is the head of the local PKK unit at the village level.

The PKK has been an important force in the dissemination of information and motivation, particularly in remote areas where other community organizations are rudimentary. One of the key factors in this accomplishment is that they have organized villages into 10-20 household units, or Dasa Wisma⁵. Each Dasa Wisma group is expected to meet monthly and discuss the PKK's ten programs. Thus, the outreach of any PKK activity is potentially substantial.

To implement their activities, PKK have organized at village level a number of kaders, each with different tasks. For family planning, the most important are the PPKBD, Sub-PPKBDs, and Posyandu kaders, who assume the bulk of the responsibility to organize and implement the community Posyandus, UPPKA, and BKB. This means that Posyandu kaders are simultaneously under the PKK section head responsible for 'program 10' and under their sub-village's Sub-PPKBD; the reality, however, is that their two 'bosses' are the same individual (wearing two hats).

PKK kaders help each other. PKK kaders at the village level, whose primary topic of concern may be something other than family planning (ie, one of the other nine programs), are also available to assist with the Posyandu and other family planning activities (and vice-versa). Thus, the term 'kader' does not apply to family planning alone. There is a larger pool of recognized kaders in every village. They are usually the wives of influential men - government, community, and business leaders - and play leadership roles in many village activities.

⁵ This is a Sanskrit phrase meaning 'ten houses'; in reality, the number is frequently more than ten.

7. Other Volunteers

Acceptor Groups. The largest pool of non-kader volunteers are the Acceptor Group members. Since 1975, groups of acceptors (usually about 15 to 30) have joined together for civic and social reasons. At their monthly meetings, the members discuss the contraceptives they are using, exchange information on problems and consider possible changes; they may also discuss the motivation of other non-acceptor neighbors. But most of a meeting's time is devoted to other issues, ranging from exchanging new recipes to reading religious passages to planning picnics. One common fund-raising activity, a 'jimpitan' ('beas parelek' in West Java), is the collection of a spoonful of rice which each member has put aside each day to contribute to the group; together, the group members decide how to use the collection. Another is the 'arisan', a lottery to which each woman contributes a fixed amount of money; the total is won by one of the members, but it is arranged so that each member will eventually win.

Theoretically, membership in these groups is only open to family planning acceptors. In reality, the situation is more fluid. Non-acceptors are frequently included, simply because it would be culturally inappropriate to do otherwise; if anyone objects, the response is usually that the non-acceptors are more likely to be convinced of the benefits of fp if the other Acceptor Group members have the opportunity to interact with them.

By motivating each other and their neighbors, Acceptor Group members are also serving as volunteers for the family planning program. Some of their members may also assist the kaders in implementing the Posyandu. And active members of local Acceptor Groups are the first source for obtaining new kaders.

KB Lestari. KB Lestari is a program, begun in 1984, to reward long-term contraceptive acceptors. But the 'reward' is not financial; it is a certificate of appreciation plus a brief training by the PLKB to enable the

recipient to serve as a family planning motivator. Thus far, approximately 6,500,000 women have been rewarded for not bearing a child for periods of 5, 10, and 16 years. Theoretically, these women are all serving as volunteer fp motivators (many are; many are not: there is no relevant data).

Youth Group Members and Leaders. Young villagers also participate in an organized way in the family planning program. All of the major religious organizations, the scouts, and other groups have population and family planning education projects for sub-district- and village-level members, coordinated by a youth forum, the Karang Taruna. Some of these projects encourage youth group members not only to learn and motivate others, but also to assist in the conduct of Posyandus, to help the Sub-PPKBD with her record-keeping, and to play other supporting roles for the national program. Thus, they also serve as volunteers.

Community Leaders. Among the more important non-kader volunteers in the family planning program are the Village Head, local religious leaders, and other members of the village and sub-village leadership. They serve the program in different ways.

Once a month, in every village in Indonesia, a Rakor Desa, or Village Coordination Meeting, is conducted. The meeting is led by the Village Head, and attended by sub-village heads, religious leaders, other recognized community leaders, the Family Planning Fieldworker, family planning volunteers, and medical/para-medical personnel, if any reside in the village. The Rakor examines the achievements of the previous month in family planning and health, addresses any problems, and then plans the following month's activities. In reality, this assessment and plan have already been completed prior to the Rakor by the PPKBD and her kaders, assisted by the PLKB and health personnel. But by conducting this meeting, the Village Head reconfirms his and the community's ownership of the program, and strengthens their commitment to it.

This commitment, in turn, becomes operationalized through speeches or

other talks given by community leaders to groups of villagers and through their face-to-face motivation of difficult-to-convince Elcos. Both of these activities contribute significantly to the program's acceptance by the community in general and by individual Elcos.

Reward Recipients. BKKBN has an extensive system of rewards, which reaches the village level, and is known to villagers. Although this perhaps stretches the concept of a 'volunteer', recipients of the rewards nevertheless often directly assist in the furthering of the program's goals. For example, KB Lestari recipients frequently post the certificates they receive in a prominent place in their house, or wear their KB Lestari medal on social occasions, where they can be seen by others. In another project, long-term rural acceptors receive two coconut tree seedlings (of a special hybrid variety which bears fruit more rapidly and at a much lower height than ordinary coconut trees); they usually plant the trees in their front yards to 'advertise' this accomplishment.

Other Above-village-level Organization Members. Sometimes, where a community is having difficulty in achieving its family planning targets, it is given external assistance. This takes the form of a 'safari', or a narrowly-focussed massing of family planning IEC and service activities. Preparation for the safari consists of extra effort, by more than the normal local motivators, to obtain commitment by Elcos to accept fp. The safari itself is a one-day well-publicized event, in which pro-fp speeches are made and all types of fp services are provided.

Usually, safaris are 'sponsored' by agencies above the village level, such as the sub-district or district level unit of the police, the army, a religious group, or a civic organization. Members of the sponsoring agency of a safari play a major role in obtaining personnel for motivation and service provision, organizing all activities, and paying any costs. (This is the single exception to the rule that family planning volunteers at the village level come from the same village. But even in this instance, the outside agencies still require the participation of local people and legitimation by local leaders.)

D. How Much Time Does a Volunteer Work?

One of the significant aspects of the Indonesian family planning program's use of volunteers is that they are truly volunteers, receiving no payment for their work. But a corollary to this is that they do not work long hours.

There are no definitive studies of the amount of time kaders and other volunteers spend. Only estimates are possible.

An important point to emphasize is that the amount of time varies very much: Some volunteers, such as those who only assist with the implementation of a Posyandu, may only work two or three hours per month. At the other extreme, the head of the village PPKBD attends a minimum of four meetings, usually at least one or two Posyandus, often accompanies one or more patients to the Puskesmas, and spends several hours consolidating data and discussing the program with community leaders, the PLKB, and others; she probably spends the equivalent of at least two to three days per week performing these duties. Between these extremes, the Posyandu kaders attend a couple of meetings, visit a few houses, and participate in the monthly Posyandu - the equivalent of about one day's work per week.

E. How Are the Volunteers Managed?

There are four different structures for the management of the village-level kaders and other volunteers in the family planning program - (1) the Village Head and village administration under his auspices, (2) the PKK, (3) the Department of Health, and (4) BKKBN. To some extent, the volunteer system is under each of these; at the same time, it is independent, under its own management mechanism.

1. Village Head

According to Indonesian law, family planning and other development activities at the village level are the responsibility of the Village Head. He is in charge - meaning that he is the person who must approve of any action and to whom any outsider must go for any information. All personnel from any government unit who work within his jurisdiction must report to him.

He conducts regular meetings of a village group, the Village Community Resilience Institute⁶ which addresses all village issues. In addition, for family planning and health, the Village Head conducts a special Rakor, or Coordination Meeting. At this monthly gathering, the Sub-PPKBDs, PPKBD, and PLKB present the family planning and health status of the village to him and to other village leaders; their presentation has the character of a report of subordinates to a superior. Together, they then discuss any problems and commit to a series of specific actions for the following month.

Among the people who attend the Village Rakor are the heads of all the sub-villages. Data is presented (usually very visibly, so that all can see) in which the performance of each sub-village is compared. Often the sub-village heads of the best and worst achieving sub-villages are asked to 'explain' their achievements. For the former, this serves as a pleasant reward; but for the head of the worst-performing sub-village, being asked to explain this poor achievement is an uncomfortable experience. But this process re-emphasizes to all sub-village heads that they - not the PLKB or the PPKBD or the Sub-PPKBD - are the people really responsible for family planning success.

⁶ This is a common translation of the Lembaga Ketahanan Masyarakat Desa, a local-level body which advises the Village Head. LKMD includes representation from the PKK.

Responsibility does not imply that the village and sub-village heads must do all the work. They call upon the various kaders and other volunteers, as well as the PLKB, to actually motivate and provide services. But because they are responsible, they periodically check on the work being done, and provide support when needed.

2. PKK

A similar situation applies to the management of kaders through the PKK. Most PPKBDs, Sub-PPKBDs, and Posyandu kaders are selected by and members of the village's PKK. They are under the auspices of the PKK member in charge of 'program 10' (planning), and report their accomplishments at monthly village-level meetings. Problems are addressed, and the data are posted prominently in a village PKK room. Better-achieving Sub-PPKBDs are asked to 'help' their poorer-achieving peers.

Monthly reporting by kaders to village-level PKK meetings and Rakors complement rather than conflict with each other. The data are the same, but the types of questions and follow up may differ. The double reporting emphasizes the importance of the kaders' work.

3. Department of Health

The government health unit at the sub-district level is the Puskesmas, or Community Health Center; its staff usually comprise one doctor, several midwives and nurses, and other personnel⁷. In some larger villages, there may also be a Sub-Puskesmas - a much smaller unit, usually without a medical doctor. But in most villages, there are no Department of Health personnel posted.

⁷ In a large kecamatan, there may be more than one doctor, or even more than one Puskesmas.

Nevertheless, the Department - through the Puskesmas - does play an important managerial role in the family planning program. Once a month, the Puskesmas Doctor (or a midwife) conducts a meeting; present are the PPKBDs from all villages in the sub-district, the PLKBs, and their supervisor, the PPLKB. This meeting collects achievement data, addresses any technical problems, and distributes pill and condom resupplies.

The Puskesmas also conducts technical training for kaders, helping them to understand about contraception so they may answer some of the villagers' concerns.

4. BKKBN

The BKKBN structure extends slightly farther than the Department of Health structure: there is a BKKBN employee, the PLKB, for every 3-4 villages. This PLKB is responsible for the coordination of all family planning activities within her jurisdiction. She⁸ helps the village leadership to select kaders. She assists in their initial training, and then provides supervision and additional/refresher training. She attends all Village Coordination Meetings, serving as the Village Heads' assistant. She attends many of the Posyandus, helping the Sub-PPKBD and kaders to plan, implement, and evaluate them. She meets regularly with the PPKBDs and Sub-PPKBDs, helping them to plan activities, organize data, and prepare for the meetings they will attend at higher levels and the meetings they will conduct at the village- and sub-village levels. She maintains records and prepares reports on the activities in each of her villages.

Although the PLKB does not have formal responsibility for the family planning program, she is an indispensable assistant to those who do. In

⁸ A slight majority (54%) of PLKBs are female.

effect, she is the manager of this complex system of kaders and other volunteers, although this management is exercised through others.

5. Self-Management

There is a three-tier hierarchy of formal kaders which really is the village's family planning program. The PPKBD conducts regular meetings with her Sub-PPKBDs. The latter conduct regular meetings with the Posyandu and other kaders. At each level, achievements are assessed, problems are discussed, and plans are made for the following month.

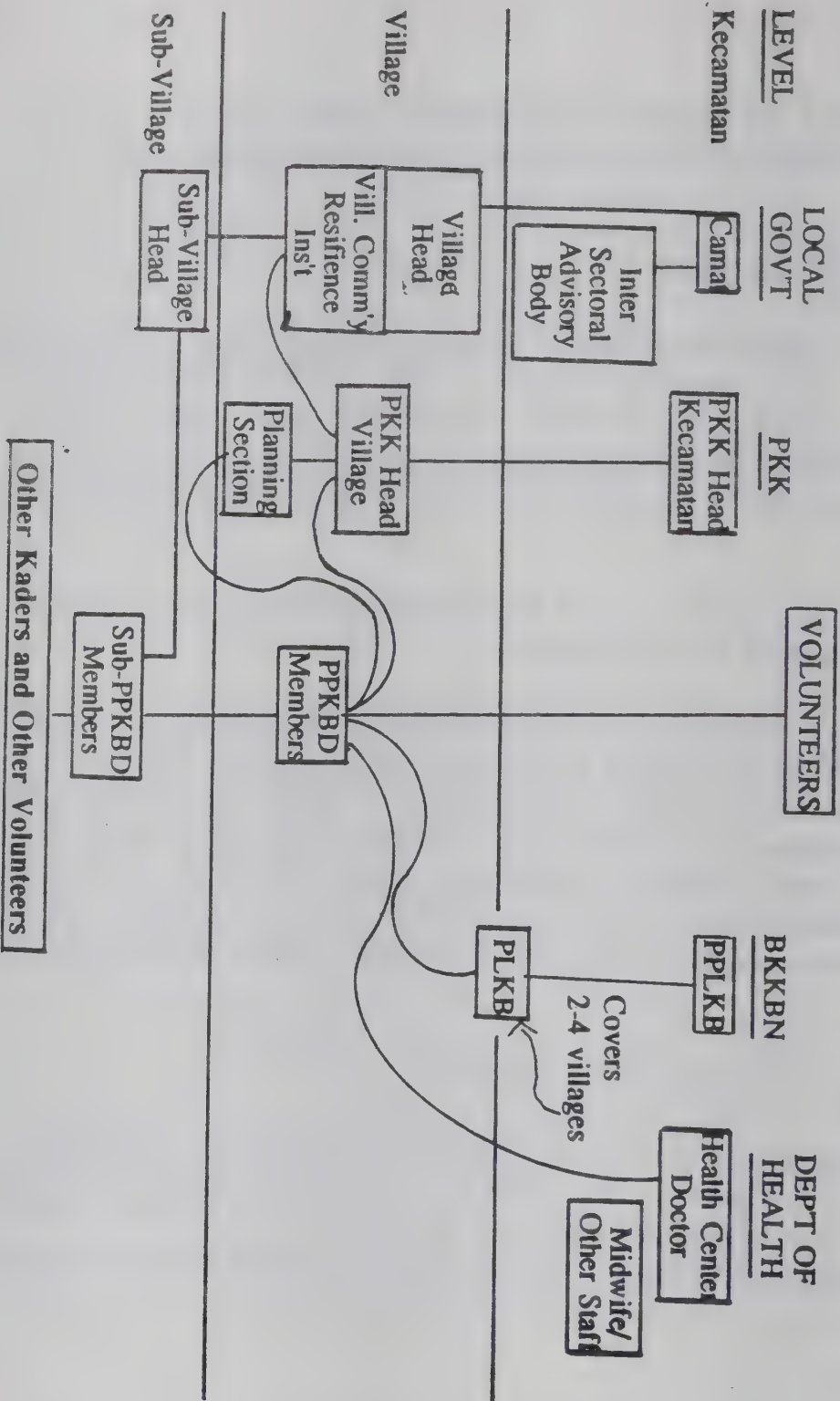
These people do the work of implementing family planning activities, and successfully manage themselves.

In much of Indonesia, this internal volunteer arrangement is probably strong enough to continue, even if there were no further inputs from the Village Head, the PKK, the Department of Health, or BKKBN. The other management structures were necessary in the earlier years of the program, and continue to provide a framework which significantly strengthens the kaders. But basically, the kaders have become a system unto themselves. Sustainability of the village's program has already been assured.

6. Management Complexity

A summary of the various village-level management approaches is presented in Figure 3. This clearly (or, perhaps, because of the nature of the topic, unclearly) emphasizes the complexity of the way in which the management of volunteers in the Indonesian family planning program is structured.

FIGURE THREE
Management of Volunteers in the Indonesian FP Program



F. How Many Volunteers Are There?

The actual number of volunteers concerned with family planning in a village is difficult to determine, since many individuals perform multiple roles and many non-family planning PKK kaders (eg, people who have volunteered to work for the literacy campaign, for agriculture, or for other purposes) may also contribute some time to assist with the fp program⁹. But in every Indonesian village, there is one PPKBD. And in every sub-village, there is one Sub-PPKBD and at least four Posyandu kaders. In addition, in about ten percent of all villages, there is a BKB kader; in slightly over ten percent, there is a UPPKA kader. This totals about one million formal family planning kaders, the very minimum number of volunteers.

But outside the formal kader structure are other types of people who also perform volunteer work for the family planning program. The number of Acceptor Group members is in the millions, but records of their numbers are not collected¹⁰. The quantity of KB Lestari is approximately six and a half million¹¹, but no-one really knows how many of them actually actively try to encourage their neighbors to adopt family planning. One small-scale study reported that nearly twenty people were

⁹ The Ministry of Home Affairs estimates that the number of kaders participating in every sector of community work is 40-60 per village. In one study of five villages in West Java (Mary Judd, Adriani Sumantri and Haswinar Arifin, "An Investigation of Kaders in Five West Java Villages," June 1987, mimeo), the researchers found that 60% of the kaders served simultaneously in two or more kader roles.

¹⁰ A 1983 study reported that there were 240,000 Acceptor Groups, with an average membership of 28, which would lead to an estimate of 6,720,000 volunteers.

¹¹ By the end of 1991, KB Lestari awards had been given to 4,774,626 women for five years of successful contraceptive use; to 1,495,470 women for 10 years' practice; and to 248,649 for 16 years ("Growth of the Total of 5, 10, and 16 Year KB Lestari," Bureau for Guidance of Community Institutions, BKKBN, 1992).

involved in some way with the conduct of a Posyandu¹²; if this were generalized, the number of family planning volunteers would number nearly 50 million!

In most sub-villages, the ratio of volunteers to population is considerably higher than the minimum. A very conservative estimate of the total number of volunteers performing some role in the fp program is twice the minimum number of formal kaders, or 2,270,000 - one out of every 80 Indonesians.

G. Summary

There are three central aspects of volunteer involvement in the Indonesian family planning program which have been described in this paper: the very large quantity of volunteers, the type and variety of tasks they perform, and the complexity of their management structure. In a companion paper, entitled Why Community Participation Succeeds in the Indonesian Family Planning Program, we analyze how these factors contribute to a sustained effective system of community involvement.

¹² The study (Charles Cameron and Bambang Winardi, "Costing Evaluation of Posyandu in Indonesia," Integrated Task Force, Ministry of Health and BKKBN, April 1989, mimeo) reported an average of 8-10 people actively involved in planning, implementing, and evaluating Posyandus, with ten others playing less prominent roles.

